

TRICARE Pharmacy Program Medical Necessity Form for Topical Antifungals

This form applies to the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy Program (TRRx) and may be found on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. It must be completed and signed by the prescriber.

Topical formulations of ciclopirox (Loprox), econazole (Spectazole), oxiconazole (Oxistat), sertaconazole (Ertaczo), and sulconazole (Exelderm) are designated as non-formulary medications on the DoD Uniform Formulary. The non-formulary designation applies to both the brand name and generic versions of these medications. **Formulary alternatives** available at a \$3 copay (generics) or \$9 copay (formulary brands) include butenafine (Mentax), clotrimazole, ketoconazole, miconazole, naftifine (Naftin), and nystatin.

- **Spouses, family members, and retirees** do not need a medical necessity determination in order to fill prescriptions for non-formulary medications at the \$22 non-formulary cost share through retail network pharmacies or mail order. They may fill prescriptions for non-formulary medications at the lower formulary cost share (\$9) if the non-formulary medication is determined to be medically necessary.
- **Active duty service members** may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. If the non-formulary medication is determined to be medically necessary, active duty service members may fill prescriptions at \$0 cost share.

| MTF | MAIL ORDER | RETAIL |
|---|---|--|
| <ul style="list-style-type: none">• Non-formulary medications will be available at Military Treatment Facilities (MTFs) only if both of the following are true:<ul style="list-style-type: none">• The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.• The non-formulary medication is determined to be medically necessary using the medical necessity criteria outlined on this form.• Please contact your local MTF for more information.• There are no cost shares at MTFs. | <p>If the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here <input type="checkbox"/></p> <ul style="list-style-type: none">• The completed form and the prescription may be faxed to 1-877-283-8075 or 1-602-586-3915 OR• The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 | <p>If the prescription is to be filled at a retail network pharmacy, check here <input type="checkbox"/></p> <ul style="list-style-type: none">• The provider may call: 1-866-684-4488 OR• The completed form may be faxed to 1-866-684-4477 |

There is no expiration date for approved medical necessity determinations.

Step 1 Please complete patient and physician information (Please Print)

| | | | |
|---------------|-------|-----------------|-------|
| Patient Name: | _____ | Physician Name: | _____ |
| Address: | _____ | Address: | _____ |
| Sponsor ID # | _____ | Phone #: | _____ |
| | | Secure Fax #: | _____ |

Step 2 Please indicate which of the reasons below (1-5) applies to each of the formulary alternatives listed in the table. You MUST circle a reason AND supply a specific written clinical explanation for EACH formulary alternative.

| Formulary Alternative | Reason | Clinical Explanation |
|-----------------------|-----------|----------------------|
| Butenafine (Mentax) | 1 2 3 4 5 | |
| Clotrimazole | 1 2 3 4 5 | |
| Ketoconazole | 1 2 3 4 5 | |
| Miconazole | 1 2 3 4 5 | |
| Naftifine (Naftin) | 1 2 3 4 5 | |
| Nystatin | 1 2 3 4 5 | |

Acceptable clinical reasons for not using each of the formulary alternatives are:

1. Patient had a hypersensitivity reaction to the formulary agent.
2. The formulary agent is not available in the desired formulation.
3. The formulary agent caused significant burning, itching, redness or other significant adverse effects.
4. An adequate treatment course with the formulary agent resulted in therapeutic failure.
5. The formulary agent is not effective for the treatment of the specific condition. For example, nystatin is not effective for the treatment of tinea pedis, corporis, cruris, or versicolor.

Step 3 I certify the above is correct and accurate to the best of my knowledge. By completing and signing this document you are confirming that the patient has either tried ALL of the formulary alternatives or has a clinical reason(s) for not trying ALL of the alternatives. Please sign and date:

Prescriber Signature

Date